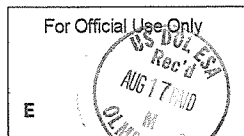


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>8848</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Robert J Guenther</u> P.O. Box, Bldg., Room No., if any Street <u>1210 N. 8th Street</u> City <u>Sheboygan</u> State <u>Wisconsin</u> ZIP Code + 4 <u>53081-3404</u>	4. Name, file number, and address of labor organization. Name <u>Northern Wisconsin Regional Council of Carpent</u> Labor Organization File Number <u>035-751</u> P.O. Box, Building and Room Number, if any Street <u>N2216 Bodde Road</u> City <u>Kaukauna</u> State <u>Wisconsin</u> ZIP Code + 4 <u>54130-9740</u>
5. Position in labor organization. <u>Business Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u></u>	On <u>8-12-05</u> (920) 452-9424 Date Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Wisconsin Carpenters Benefits Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1704 Devney Drive

City Altoona

State Wisconsin

ZIP Code + 4 54720-2582

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

Health & Pension Funds - Full Board Meeting (1/14/04) - (\$320.00), Full Board Meeting (4/8/04) (\$343.00), Full Board Meeting (7/29/04) - (\$158.00). and Full Board Meeting (10/28/04) (\$330.00).

## 11.b. Approximate dollar value of such dealing.

\$1,151

## 12.a. Nature of interest held or income received.

## 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

## 14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Wisconsin Carpenters Benefits Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1704 Devney Drive

City Altoona

State Wisconsin ZIP Code + 4 54720-2582

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

International Fund Conference - New Orleans  
(12/1/04 thru 12/5/04) - \$5041.27

## 11.b. Approximate dollar value of such dealing.

\$5,041

## 12.a. Nature of interest held or income received.

## 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

Name of Person Filing Robert Guenther	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Weiss, Peck &amp; Greer Investments</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 909 Third Avenue</p> <p>City New York</p> <p>State New York ZIP Code + 4 10022-4731</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Wisconsin Carpenters Fringe Benefits Funds</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1704 Devney Drive</p> <p>City Altoona</p> <p>State Wisconsin ZIP Code + 4 54720-2582</p>	<p>11.a. Nature of such dealing.</p> <p>WP&amp;G Invest. hosted a brunch at The Foundry, 333 St. Joseph St., on 12/1/04 (\$245.00). A luncheon at Bella Luna Restaurant, 914 N. Peters St., 12/2/04 (\$131.00). A luncheon at the Cajun Queen, New Orleans 12/3/05 (\$115). All attended by myself &amp; spouse.</p> <p>11.b. Approximate dollar value of such dealing. \$491</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Turner Investment Partners Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1359 Gaylord Street

City Denver

State Colorado

ZIP Code + 4 80206-2174

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Wisconsin Carpenters Benefit Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1704 Devney

City Altoona

State Wisconsin

ZIP Code + 4 54720-2582

## 11.a. Nature of such dealing.

Turner Investment Partners hosted a reception at Christain's Restaurant, 3835 Iberville Street, New Orleans, La. on 12/1/04. My spouse & I attended

## 11.b. Approximate dollar value of such dealing.

\$180

## 12.a. Nature of interest held or income received.

## 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

## 14.b. Amount of payment.

Name of Person Filing Robert Guenther	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Alliance Bernstein Institutional Investment  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street 1345 Avenue of the Americas  
City New York  
State New York ZIP Code + 4 10105-0096

9. Business deals with:

- ☐ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Wisconsin Carpenters Benefit Funds  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street 1701 Devney Drive  
City Altoona  
State Wisconsin ZIP Code + 4 54720-2582

11.a. Nature of such dealing.

Alliance Bernstein held a Reception on 12/2/04 at Generations Hall, 310 Andrew Higgins Drive, New Orleans, La. (\$250.00). My wife and I both attended.

11.b. Approximate dollar value of such dealing.

\$250

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State ZIP Code + 4


14.a. Nature of payment.

13.b. Is the Business an Employer ☐

or Consultant ☐ ?

14.b. Amount of payment.

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

  
Aug. 12, 2005